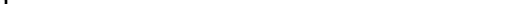


UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 246038US2S First Inventor or Application Identifier Tadashi KOJIMA, et al. Title CONTENT MANAGEMENT METHOD, RECORDING AND/OR REPRODUCING APPARATUS, AND RECORDING MEDIUM
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents</i>		Commissioner for Patents ADDRESS TO: Mail Stop Patent Application Alexandria, Virginia 22313
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)		ACCOMPANYING APPLICATION PARTS
2. <input checked="" type="checkbox"/> Specification	Total Sheets <input type="text" value="45"/>	7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113)	Total Sheets <input type="text" value="14"/>	8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76
4. <input type="checkbox"/> Oath or Declaration	Total Pages <input type="text"/>	9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) <input type="checkbox"/> Attorney
a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 17 completed)		10. <input type="checkbox"/> English Translation Document (if applicable)
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).		11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations (3)
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		12. <input type="checkbox"/> Preliminary Amendment
6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard
a. <input type="checkbox"/> Computer Readable Form (CRF)		14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (1) (if foreign priority is claimed)
b. Specification or Sequence Listing on :		15. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or		16. <input checked="" type="checkbox"/> Other: <input type="checkbox"/> Request for Priority, Statement of Relevancy, List of Related Cases, Cited Pending Application (1)
ii. <input type="checkbox"/> Paper		
c. <input type="checkbox"/> Statements verifying identity of above copies		
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application no.: Prior application information: Examiner: Group Art Unit:		
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.		
18. CORRESPONDENCE ADDRESS		
Customer Number 22850 (703) 413-3000 FACSIMILE: (703) 413-2220		

Name:	Marvin J. Spivak	Registration No.:	24,913
Signature:			Date: 11/28/03
Name:		Registration No.:	

James D. Hamilton
Registration No. 28,421

Docket No. 246038US2S

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Tadashi KOJIMA, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: CONTENT MANAGEMENT METHOD, RECORDING AND/OR REPRODUCING APPARATUS, AND RECORDING MEDIUM

FEES TRANSMITTAL

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FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	20 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	3 - 3 =	0	x \$86 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$290 =	\$0.00
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			BASIC FEE	\$770.00
			TOTAL OF ABOVE CALCULATIONS	\$900.00
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<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
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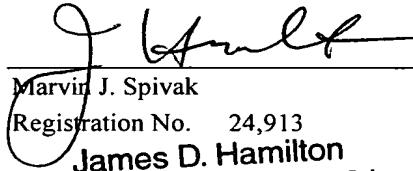
A check in the amount of to cover the filing fee is enclosed.

Credit card payment form is attached to cover the filing fee in the amount of **\$900.00**

The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLOON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.



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